

California Department of Health Services
Women, Infants, and Children (WIC)
Supplemental Nutrition Branch

***Reaching the Underserved
and Improving WIC Services:***

Executive Summary

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Volume I



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SECTION ONE PROJECT OVERVIEW

PART 1: PURPOSE OF THE PROJECT

The purpose of this 3-part project was to find ways to improve the content, administration, and outreach efforts of the California Department of Health Services (DHS) Women, Infants, and Children (WIC) Supplemental Nutrition Program. The entire project is presented as 2 separate research volumes and 1 marketing/outreach volume. The volumes outline activities taken by the Institute for Social Research (ISR), California State University Sacramento to achieve the project's purpose. The Executive Summary (Volume I) is designed to give an overview of the project and to tie together the following 3 activities:

- Volume II: Focus Group Research: Twenty-three groups were held, comprised of:
 - **WIC-Eligible Respondents** (8 groups)—Objectives included obtaining the following information:
 - The extent of respondents' awareness, knowledge, and perceptions about the WIC Program
 - Perceived enrollment barriers
 - Willingness to participate in the program once enrollment criteria were made known
 - Outreach methods respondents thought would best reach women like themselves.
 - **WIC Participants** (9 groups)—Objectives included obtaining the following information:
 - How these participants learned about the WIC Program
 - Their satisfaction and/or dissatisfaction with the program
 - Suggestions for improving the program
 - Suggestions for developing creative and effective outreach efforts.
 - **WIC Staff** (6 groups)—Objectives included obtaining opinions about the following:
 - Job satisfaction
 - Competency
 - Job support
 - Reasons why WIC participants drop out of the program
 - Suggestions for program improvement and program outreach.
- Volume III: Opinion Leaders Survey: (20 individual interviews)—The purpose of the opinion leaders' survey was to obtain the following information:
 - Participant recruitment and retention challenges facing the program
 - Opinion leaders' levels of knowledge about the program
 - Opinion leaders' ideas on how the California WIC Program can improve outreach strategies and program services to eligible people
 - Proven outreach techniques for reaching specific racial/ethnic underserved populations.
- Volume IV: Marketing and Outreach Strategy Recommendations: A marketing consultant with over 25 years experience in social marketing, advertising and public relations was contracted by ISR to recommend strategies based on the findings of focus group and opinion leader research.

SECTION TWO THE FOCUS GROUPS

The following is a brief description of methods used to plan, prepare for, and conduct the groups followed by brief descriptions for each of the focus group segments (WIC-eligible respondents, WIC participants, and WIC staff).

PART 1: PROJECT METHODS

Focus Group Locations The locations for the WIC-eligible and WIC participant focus groups were based on community need as demonstrated by published census data and California DHS public health statistics as well as the community's proximity to local WIC sites. The objective was to maximize the potential for obtaining a suitable number of focus group participants and to reach specifically targeted segments. Sites for the WIC-staff focus groups were selected to maximize geographic and caseload representation among the WIC local agencies.

Focus Group Organization Focus groups were organized according to industry standards. Screening criteria and facilitators' guidelines were developed and submitted to the WIC Branch for approval. Once the materials were approved, they were translated into Vietnamese and Spanish, as appropriate.

Attendee Recruitment Focus group facilities, local agency supervisors, and ISR shared responsibility for recruiting focus group attendees. Potential attendees were asked to participate and were offered incentives. Once they agreed, confirmation letters were sent to again explain the purpose of the focus groups, confirm dates, times, locations, and to provide directions to focus group facilities. Childcare was provided if requested.

Focus Group Administration Experienced facilitators conducted the focus groups in the same language spoken by participants. For WIC-eligible and WIC participant focus groups, translators gave immediate oral presentations of proceedings to ISR and WIC Branch staff attending the focus groups.

Data Analysis and Report Preparation Qualitative focus group findings can be used to better understand the spectrum of community-held beliefs and to assist in designing and conducting a pre-coded survey to quantify WIC community opinions. Results of this report, with minor exceptions, are to be considered exploratory in context since focus groups do not yield sample sizes that are statistically significant and respondents were not randomly selected. In cases where tables and figures are shown, the data should be interpreted as descriptive rather than inferential.

Data were recorded on audiotape and videotape. Audiotapes were transcribed and, insofar as they were completed, written transcriptions were used to supplement the analysis of the videotapes. Data on these tapes were categorized and reported as:

- Group consensus.
- Incidental but seemingly important information.
- Interesting and related quotes and comments.

PART 2: FOCUS GROUP PARTICIPANT CHARACTERISTICS

WIC-Eligible Respondents

WIC-eligible respondents were women who had the same age, income, and child-rearing status as those served by WIC but had never participated in the program.

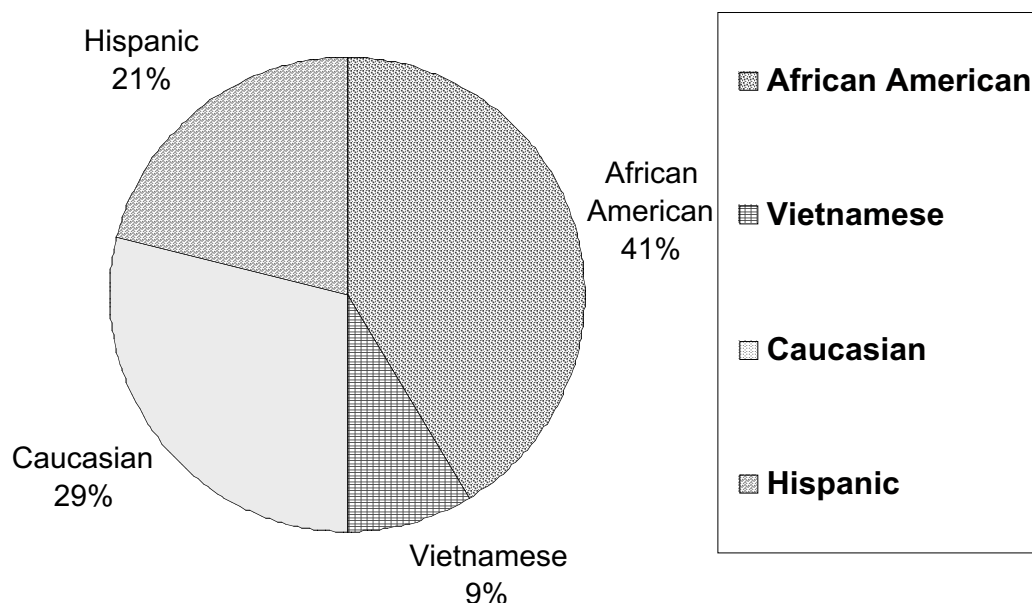
Eight groups were conducted for these respondents, one each in Fresno, Oakland, Sacramento, and San Diego, and two each in Los Angeles and San Francisco counties. A total of 80 people attended the groups. Of the eight groups:

- 33 English-speaking African Americans attended three groups.
- 21 English-speaking Caucasians attended two groups.
- 14 Spanish-speaking Hispanics attended one group.
- 5 English-speaking mixed racial/ethnic teens attended one group.
- 7 Vietnamese-speaking Vietnamese attended one group.

The race and ethnic composition of the WIC-eligible focus groups was:

- 41 percent African American.
- 29 percent Caucasian.
- 21 percent Hispanic.
- 9 percent Vietnamese.

Figure ES.1
Race and Ethnic Composition of Focus Group Attendees
WIC-Eligible Respondents
(N=80)



WIC Participants

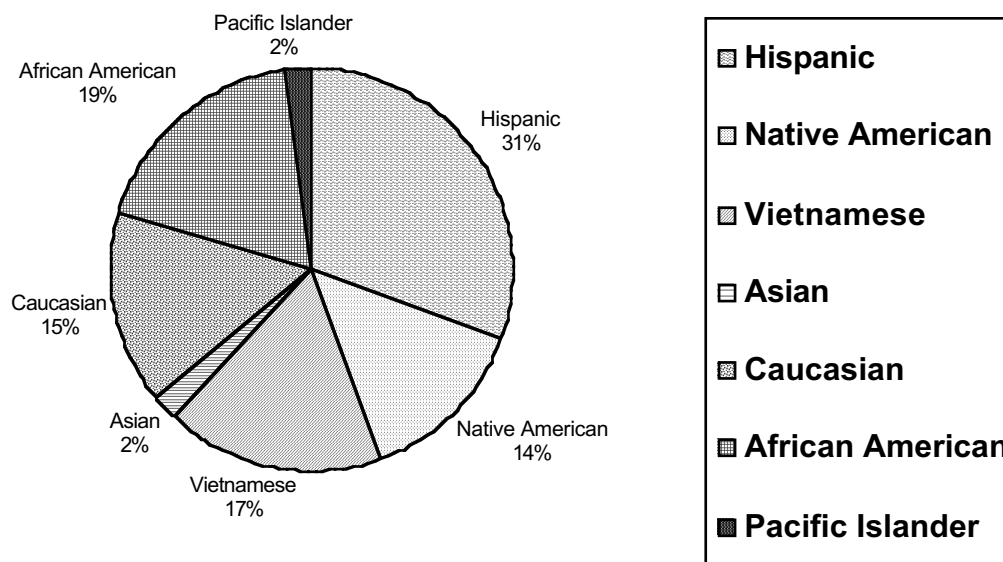
WIC participants attending the focus groups had been enrolled in WIC for as little as a few months to over 15 years. Of these focus groups, three were held in Sacramento, and one each in Alameda, Fresno, Humboldt, Los Angeles, Shasta, and San Diego counties. A total of 92 people attended these 9 focus groups including:

- 12 English-speaking African Americans attended one group.
- 2 English-speaking Asians attended one group.
- 12 English-speaking Native Americans attended one group.
- 22 Spanish-speaking Hispanics attended two groups.
- 16 Vietnamese-speaking Vietnamese attended one group.
- 28 English-speaking individuals attended three mixed racial/ethnic groups. These groups consisted of 14 Caucasian, 6 Hispanic, 5 African American, 1 Native American, and 2 Pacific Islander participants.

The race and ethnic composition of the WIC participant focus groups was:

- 31 percent Hispanic.
- 19 percent African American.
- 17 percent Vietnamese.
- 15 percent Caucasian.
- 14 percent Native American.
- 2 percent Asian.
- 2 percent Pacific Islander.

Figure ES.2
Race and Ethnic Composition of Focus Group Attendees
WIC Participants
(N=92)



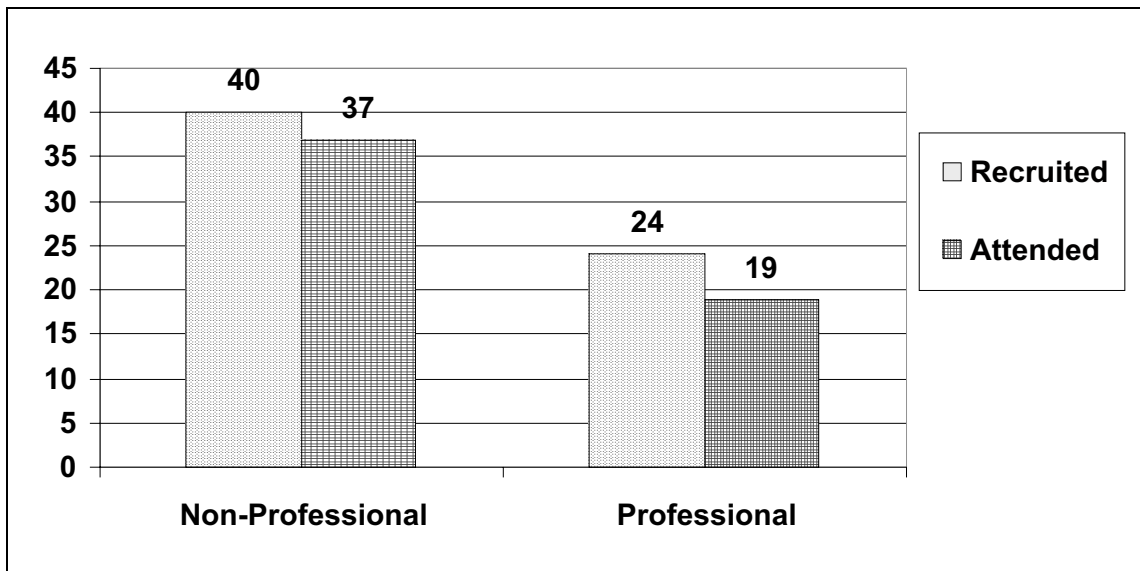
WIC Staff

WIC staff participants included current administrative, clerk, paraprofessional, professional, and Registered Dietitians. WIC staff supervisors were not included in the study. Of the six focus groups, one each was held in Alameda, Fresno, Los Angeles, Sacramento, San Diego, and Shasta counties. A total of 56 people attended these focus groups. For the analysis, the groups were divided into non-professional and professional staff. Of the six groups:

- 19 professional staff members attended two groups.
- 37 non-professional staff members attended four groups.

All groups were conducted in English.

Figure ES.3
A Comparison of the Number Recruited
With the Number Attended
WIC Staff
(Recruited N=64, Attended N=56)



PART 3: FOCUS GROUP FINDINGS

WIC-Eligible Respondents

Awareness, Perceptions, and Knowledge of the WIC Program

The majority of WIC-eligible respondents:

- Were somewhat knowledgeable about the WIC Program. They had heard about the program and knew that it was a nutrition program that offered free food and baby formula and promoted breastfeeding.
- Were informed about the WIC Program by relatives and friends, many of who were either presently or formerly WIC participants.
- Perceived the WIC Program as one that provides services for women on welfare.
- Had some misconception about the benefits and services offered.

Barriers to Participation

- With few exceptions, respondents thought they were not eligible.
- Even when informed that they were eligible for WIC services, most women still maintained that it was not worth the effort or they preferred to leave the benefits for “women in greater need than themselves”.
- Other enrollment barriers included negative experiences with other social services and even WIC agencies, the cost of medical insurance co-pays, and the time involved in obtaining WIC benefits.
- Respondents were unwilling to travel very far to obtain WIC benefits.

This group had no strong preferences for media outreach. The respondents, however, take what their doctors or healthcare professionals suggest very seriously. Although they received most of their information by word-of-mouth, it is clear that they consider people in the health care industry a creditable resource and would be likely to follow their advice.

Findings by Racial and Ethnic Backgrounds

Barriers to Participation

Although the respondents in these groups defined their social and economic status as above those needing any kind of government benefits, how they articulated their reasons for not enrolling were somewhat different by racial and ethnic group.

African American Respondents Among more highly educated African American respondents, the reasons for refusing WIC benefits were tied to perceptions of self-esteem and upward mobility. They talked about pride, wanting to do it by themselves, and awareness of good nutrition and alternatives in nutrition and health care.

Although less well-educated African American respondents were just as likely to say that WIC benefits should be for welfare women and emergencies, they were much more likely to say that they would explore WIC participation once they learned more about WIC benefits and services and their potential eligibility.

The best way to reach these women is through community bulletin boards, community colleges, public schools, churches, and African-American organizations.

Caucasian Respondents These respondents fell somewhere between the more highly educated and less well-educated African American respondents. At the start, they rejected the program because they thought it should be reserved for really poor women and that the program wasted taxpayers' money by providing more expensive food brands for people who were, in some cases, no longer eligible. They did, however, reserve for themselves the option of enrolling in WIC if they really needed the benefits.

The best way to reach these women is to be where mothers and children go; doctor's offices, Wal-Mart, and special events at supermarkets.

Hispanic Respondents As a group, Hispanic respondents were much more likely to have heard about WIC by word-of-mouth and from healthcare providers. Hispanic respondents also were more likely to be interested in the services provided by the program and to express opinions about media presentations that would attract them. On the other hand, they were most likely to reject participation in WIC. The major reasons were that their husbands forbid them to participate because of pride, and that they and their husbands feared investigation by the federal government.

The best way to target these respondents is through the Hispanic media, churches, and public schools.

Mixed Teen Respondents These respondents were almost as well informed about the WIC Program as those in other groups, but were the least likely to consider participation. The major reason appeared to be that they lived in their families' homes and that their parents provided most of their nutritional needs.

The best way to target these groups is through their high schools, programs for teen parents, and doctors.

Vietnamese Respondents These respondents were the least likely to have heard about the WIC Program and, upon learning about benefits were the most likely to say they would enroll.

The best way to reach these respondents is to send Vietnamese-speaking community workers into the neighborhoods to talk to small groups of women. Media should be presented on Vietnamese and Chinese print and radio and TV stations.

WIC Participants

WIC Program Awareness and Enrollment Process

The majority of WIC participants said:

- They found out about WIC through friends and relatives, some of who were presently or formerly WIC participants. Medical and healthcare professionals were the next most frequently mentioned source of information.
- They enrolled in the program for economic reasons and knew that WIC would offer nutritious foods and help with childhood immunizations.
- Reasons for enrolling in WIC were economic, nutrition education, and knowledge.

Satisfaction and Dissatisfaction with the WIC Program

Participants expressed both satisfaction and dissatisfaction with the program. With respect to satisfaction, the participants said:

- They were extremely satisfied with the program and that they were treated very well at the WIC offices and stores.
- That the rules and regulations were not troublesome and did not prevent them from fully participating in the program.
- Foods purchased most frequently with WIC checks include milk, cheese, eggs, cereals, and juice.

With respect to dissatisfaction, the participants said:

- Negative comments were reserved for the shopping experience rather than for the market personnel. Participants said other customers were impatient and even hostile when in line behind a WIC consumer. They explained that the checkout process takes longer for WIC consumers and other shoppers do not like spending extra time in the checkout line.
- In some areas, the location of WIC sites was of concern—problems related to distance from home to site, neighborhood safety, transportation, and access to and cost of parking.
- Reasons for not purchasing some of the foods were:
 - Participants were not familiar with the food
 - Participants did not know how to cook certain foods (for example, younger respondents were unfamiliar with how beans were cooked)
 - The food did not meet the cultural tastes of some groups.
- Of the food purchased with WIC checks, milk, peanut butter, cereal, juice, and cheese are the most commonly underutilized. The reasons for not consuming the entire amount are that:
 - Quantities are too large for some families.
 - Families do not need, at the time, some products purchased on combined vouchers.
 - Some foods are not well suited to the participants' cultural tastes.

Given a list of products that might be added to WIC benefits, 100 percent of the participants chose fresh fruits and vegetables. Given a list of specific fruits and vegetables that might be added to WIC benefits, 100 percent of the participants chose broccoli. Reasons for not selecting some items were:

- Participants were not familiar with the food.
- Participants did not know how to cook foods such as mustard greens and winter squash.
- Food did not meet the cultural tastes of some groups.

Health and Nutrition Information Sources and Needs

When asked about their healthcare and nutrition information sources and needs, participants said that:

- Making healthy food choices is the major family nutrition problem faced by most WIC participants.
- Other than WIC, doctors and medical providers are their main source of information about health and nutrition.

Improvements such as discussion groups and nutrition classes for children were not particularly attractive to WIC participants. The lukewarm reception to these ideas may have been because participants interpreted the discussions as just another appointment they would have to make and another class they would have to attend. Very few had any experience with referrals and, therefore, had little to say about the process.

Findings by Racial and Ethnic Background

Satisfaction and Dissatisfaction with the WIC Program

All WIC participants characterized the WIC experience in positive terms. Complaints appeared to be isolated to individual situations or related to the location of WIC offices and specific individuals in some offices. Participants agreed that economic, nutrition education, and knowledge were the major benefits acquired from WIC enrollment.

African American Participants African American participants seem to have problems obtaining WIC products in stores. As a group, they are more likely to purchase all foods available and less likely to consume the entire amount. As they frequently use public transportation, bus boards appear to be an effective place for media presentations. African American participants suggested community bulletin boards as a good place to communicate with women like themselves.

Hispanic Participants These participants were the most likely to talk about the importance of the services they received. Particularly, they mentioned guidance through their pregnancies and child rearing. They were the most likely to express a need for referrals for teen pregnancies and domestic violence.

Native American Participants Similar to African American participants, Native Americans have problems obtaining WIC products in stores. Because they are more likely to live in rural areas, they need transportation services and more shopping options such as being able to shop at more than one store or have a mobile WIC-only store available to them. Because, as a group, they are very likely to suffer from diabetes, they said they would like to have the WIC food package contain less sugar and fat.

Vietnamese Participants As a group, these participants are extremely thankful for benefits and the services they receive. They would like to see the WIC food package contain a wider

variety of cereals and foods that meet their cultural tastes. Many admit that they give away milk and cheese and some cereals because their children do not like the taste of these products. Some in this group would like transportation services.

WIC Staff

Job Satisfaction

For WIC staff, job satisfaction is derived from helping people and watching them make positive changes in their lives. The greatest dissatisfaction comes from working with uncooperative participants who need help but do not arrive to appointments on time, have incomplete paperwork, do not attend classes, or forget to bring pertinent information such as shot records. Other complaints include:

- Dealing with aggressive and disagreeable clients.
- Too much emphasis on attaining numbers.
- Not enough time or privacy to work with individuals' problems.

Job Competence and Job Support

All agreed that they knew their job well and that they are doing the job they were hired for. Many complained that they:

- Did not have enough formal training; job knowledge was the result of on-the-job experience.
- Were forced to perform duties other than those they were hired to perform due to understaffing.
- Were underpaid with little prospect for increased earnings.
- Had few opportunities for career advancement.

Staff agreed that everyone needs recognition on the job. A few mentioned that their supervisors went out of their way to give praise and credit. As a group, staff thought that they:

- Received more recognition and praise from their peers than their supervisors.
- Wanted supervisors to recognize and act on incidents where personnel sabotage teamwork.
- Should be kept informed.
- Should have more staff meetings.

Program Improvement

The staff thought that the program could be improved for employees if:

- Appointments were flexible and more time was allotted to some participants, if necessary.
- WIC participants could teach some of the classes.
- The site offered supervised childcare.
- Outreach methods were improved by offering incentives to staff and participants.
- Changes were made in administrative procedures, such as extending operating hours and mailing vouchers to participants.

Reasons Why Participants Drop Out of the WIC Program

WIC staff gave the following reasons why WIC participants drop out of the program.

- The participants get jobs and think they become ineligible.
- They move away, sometimes out of the area, sometimes out of the State, and sometimes out of the country.
- WIC sites are in poor and sometimes unsafe neighborhoods that are not served by adequate public transportation or parking.

Additional WIC Services

With respect to adding services, the staff agreed on:

- Emergency referrals.
- Referrals for drug and alcohol counseling.
- Referrals for childhood developmental disabilities.

Job Satisfaction Findings by Staff Level

Basically, both non-professional and professional/dietitian staff groups had similar likes and dislikes about their jobs. Both groups:

- Like working with the WIC participants.
- Believe they help the participants and their communities.
- Believe they are promoting healthy families.

With respect to dislikes, they:

- Dislike angry and aggressive participants.
- Think the agencies are under-funded and under-staffed.
- Advocate higher salaries.

Non-professional staff wants:

- Help with career development.
- More benefits, such as going to workshops and conferences.
- Higher salaries.
- Supervisory intervention when teamwork fails or lags.
- Participants to have a say in the program.
- On-site, supervised childcare.
- Food demonstrations.
- Expanded hours of operation.
- More time devoted to outreach.

Professional staff wants:

- Educational achievement to be directly related to hiring considerations.
- Job specialization.
- A well structured training program.
- Higher salaries.
- Decreased distinctions between professional and non-professional staff.
- Supervisors to motivate staff to do their job well.
- More staff training.
- Vouchers mailed to participants.
- Expanded hours of operation.

SECTION THREE OPINION LEADERS' SURVEY

PART 1: PROJECT METHODS

A statewide list of community organizations and leaders was compiled from Internet sources and from recommendations of WIC Branch staff, local agencies, and social service personnel in several counties. People on the list were contacted by telephone and, upon consent, times for in-person or telephone interviews were agreed upon. The survey was conducted using an interview instrument developed by the WIC Branch. Opinion Leaders were people in communities who are employed by organizations serving a population similar to the one targeted by WIC and who have a unique insight and knowledge of that populations' health, nutrition, economic, and social needs.

Interviews were held with 20 individuals located in the cities of Alameda, Escondido, Eureka, Fresno, Los Angeles, Redding, Sacramento, Sanger, Santee, and San Diego. Six interviews were conducted by telephone and 14 were conducted in-person. The organizations represented by the interviewees served African Americans, Asians, Hispanics, Native Americans, Vietnamese, and persons of mixed racial and ethnic backgrounds.

The following organization types were targeted:

- Women's health advocates
- Homeless and pregnant teen services
- Education
- Medical and public health services
- Social and community needs
- Children's rights
- Employment for teens

PART 2: MAJOR FINDINGS

Major findings of the Opinion Leaders' interviews are summarized below.

Interviews suggested that WIC is facing some serious barriers to reaching its targeted population. Lack of recognition of the WIC Program in the social services community is not one of those barriers. Everyone interviewed knew about the WIC Program and the services and benefits it offers to low-income women and children. For many organizations, WIC referrals are a routine part of their orientation packages. Some organizations hired WIC participants as staff and at least one organization sent their staff to WIC training for breastfeeding classes.

Interviews also revealed that WIC has considerable stature in the community and that respondents have a great deal of respect for the work WIC is accomplishing. Many organizations work with WIC. All agreed that partnering with WIC is an excellent idea but all quickly pointed out that their programs were over-taxed; under-funded and under-staffed. All looked upon WIC as a well-funded program.

Barriers to Participation in WIC

Principle barriers to WIC's outreach efforts are community-wide institutional limitations that, although not directly related to the mission of the WIC Program, are nonetheless real obstacles to WIC's operations and outreach. According to opinion leaders' responses, institutional barriers include:

- Inadequate housing that consumes an inordinate share of the targeted population's income, causes overcrowding, and precipitates excessive moving from area to area in search of an adequate place to live.
- High unemployment leading to unstable family life and incomes so low that even the most basic transportation, social, and educational expenses severely burden the families' resources.
- Human and social services that do not meet the needs of the targeted population or have such different and complicated eligibility requirements that intimidate low-income families from trying to obtain the services for which they are eligible.
- Inadequate community services that impose hardships on low-income families. This includes the absence of good public transportation, supermarkets that offer food at a lower cost than *bodegas* (stores specializing in Hispanic groceries) or small stores, unsafe streets, inadequate mail delivery, and other services that higher income neighborhoods consider basic.
- The absence of human, health, social, and community services leading to an environment that encourages an over abundance of fast food restaurants offering an inexhaustible supply of cheap food that contradicts the entire WIC mission.
- Changing cultural standards introduced by new migrants coming into neighborhoods. To address these changes, groups such as WIC must train and retrain personnel to know about and understand the habits and customs of an every-changing population.
- Legal and legislative issues that prevent families from applying for benefits and services.

These institutional barriers create a highly mobile population and unstable neighborhoods that together discourage, if not prevent, community leadership. According to the majority of the opinion leaders, building community leadership is the first step toward families taking responsibility for their health and well-being. Without this leadership, all government-funded benefits are simply "take and run" opportunities.

Secondary barriers to WIC's outreach efforts are organizational. According to some respondents, no bureaucracy can make the "seat of the pants" decisions and adjustments necessary to meet the rapid changes that occur in low-income neighborhoods.

SECTION FOUR RESEARCH SUGGESTIONS AND RECOMMENDATIONS

PART 1: WIC-ELIGIBLE RESPONDENTS

When asked to suggest strategies that would motivate women like themselves to enroll in WIC, WIC-eligible respondents recommended that WIC:

- Streamline the application process.
- Reduce the stigma attached to participation by introducing an electronic benefits card.
- Offer more healthy foods, such as fresh fruits and vegetables in a wider variety of food outlets.
- Increase the number and visibility of WIC sites.
- Improve WIC customer services and expand WIC hours to meet the participants' schedules.
- Offer breastfeeding assistance on an emergency basis to women who are not WIC participants.
- Expand WIC services to areas such as teen pregnancies and domestic violence.
- Survey the WIC-eligible population to see what they want and need.
- Offer more information about eligibility and program benefits.

PART 2: WIC PARTICIPANTS

WIC Program Improvement Suggestions

WIC participants' suggested:

- Permitting WIC participants to select the classes they take.
- Requiring that each class be taken only once by each participant.
- Including fresh fruits and vegetables in the WIC food package.

WIC Program Outreach Effort Suggestions

WIC participants offered several strategies for improving outreach to the underserved including:

- Encouraging medical professionals to offer information about WIC during prenatal visits or at the time of the baby's birth.
- Reaching out through organizations such as Head Start, public schools, and Birth and Beyond.
- Television and radio media. The groups did not specify times, however. Preferences depended on the individual's schedule.

PART 3: WIC STAFF

General recommendations to improve the WIC Program are as follows:

- Improve WIC services by increasing the number of WIC sites and selecting locations that have safe and easy access to public transportation.
- Reassure the eligible population that WIC is not a public charge agency and that it is not limited to families on welfare.
- Streamline the application process and expand WIC operating hours.
- Change the WIC food package so that it is consistent with cultural tastes, offers a wider variety of foods, including fresh fruits and vegetables, and does not force participants to purchase foods they do not want or use. Expand the farmer's market program.
- Permit WIC participants to shop at more than one store for WIC products and replace WIC coupons with an electronic benefits card.
- Offer a greater variety of classes and do not insist that participants take specific classes more than once.
- Encourage participants to teach classes.
- Provide on-site childcare so WIC staff can maximize time spent with participants.
- Offer referrals for teen pregnancies and domestic violence.
- Designate conditions under which food checks can be sent through the mail.
- Designate situations under which transportation can be provided or arranged.
- Rearrange waiting rooms to encourage conversational groups or offer "quiet places" where women can read or rest. Make waiting rooms look less like those in medical facilities and more like lounges in schools or colleges.
- Provide incentives for staff and participants to enroll friends, relatives, and acquaintances.
- Offer breastfeeding assistance on an outpatient basis to WIC-eligible, but not enrolled women. This might serve as an excellent opportunity to convince these women to enroll in WIC.
- Send outreach workers into the field to talk one-on-one or to small groups of women about services and benefits offered by WIC.
- Make a concerted effort to reach eligible women through health care and education workers.
- Initiate direct outreach to males to reach those who are rearing their children or who are preventing their wives from obtaining WIC benefits.
- Use actual pictures of WIC waiting rooms to dispel the notion that they are unpleasant.
- Design media strategies that fit the needs of the groups addressed in this report.

With respect to staff satisfaction:

- Local agencies should incorporate a well-structured training program for all employees. Non-professionals want to obtain their WNA certification and many staff would appreciate cross training.
- WIC Branch should work with local agencies to develop career opportunities for staff. Funding for special projects, such as job specialization, educational funds, and other training can be obtained through grant writing.

PART 4: OPINION LEADERS

Opinion leaders suggested that the WIC Program should:

- At the professional level, develop a training program for registered dietitians.
- At the outreach level, send staff into the community to meet with neighborhood residents and to talk to them about WIC benefits and services.
- Change the food package to meet cultural tastes and preferences and add fruits and vegetables while limiting high fat and high sugar items.
- Introduce participants to methods for cooking healthy foods.
- Develop a program approach that addresses the community and the family instead of concentrating on pregnant women and mothers.
- Consider site locations to ensure that they are safe and public transportation friendly.
- Have training for improved customer services and program procedures.
- Streamline paperwork so that it is understandable to people with low levels of literacy.

PART 5: COMMON GROUP SUGGESTIONS

Issues on which focus groups and opinion leaders found consensus regarding the improvement of both program content and outreach methods are highlighted below.

Program Content Improvement

All groups agreed that WIC should:

- Restructure the WIC food package to satisfy the cultural tastes and family size of participants.
- Require each class to be taken only once.
- Offer a wider range of classes and permit participants to choose which they prefer to take.
- Extend WIC hours to evenings and weekends.
- Provide transportation.
- Allow participants to go to any store with WIC checks.
- Decrease waiting times for counseling and class appointments.
- Provide supervised childcare.
- Provide support for continuing education for staff, particularly for minority staff working in lower-paying positions.
- Operate the program so participants have a greater say in the operations.
- Ask the community what services and support are needed.

Program Outreach Improvement

All groups agreed that the WIC Program outreach could be improved in the following ways:

- Increase the number of outreach workers in the field.
- Reach out to entire families: mothers, grandmothers, children, fathers.
- Provide incentives for staff members who introduce new enrollees.
- Distribute printed materials in the language of targeted groups.
- Purchase vans to provide transportation, conduct outreach, and deliver food products to outlying areas.
- Clarify that WIC is not a public charge program.

PART 6: RECOMMENDATIONS BASED ON FOCUS GROUP AND OPINION LEADERS RESEARCH

Detailed suggestions regarding Participant Role Expansion at the Agency Level

The following ISR recommendations are made because focus group respondents alluded to this concept and several opinion leaders were adamant that WIC participants should play a larger role in the operation of the WIC Program at the agency level. Recommendations are:

- Permit WIC participants to take a greater role in the operations of local WIC agencies. Opinion leaders believe that successful interventions cannot be made until leadership is developed in the community.
 - Develop leadership based on some of the elements in the Head Start Program. That model permits participants to sit on the board, make hiring and firing decisions, volunteer for classroom instruction and yard duty, exchange recipes, conduct cooking classes, hold cultural exchange days, and work with staff to run the entire program.

Translated to the WIC Program, the following recommendations are offered:

1. Create a governing board with representatives elected by WIC participants.
2. Require that WIC participants volunteer for childcare at the local agencies.
3. Train participants to teach nutrition classes.
4. Develop new classes that utilize the unique talents of WIC participants.
5. Sponsor cultural sharing days so WIC staff and WIC participants can have a greater understanding and appreciation of each other.

SECTION FIVE MARKETING AND OUTREACH RECOMMENDATIONS

Upon completion of the focus group and survey research, ISR contracted with a marketing consultant with over 25 years experience in social marketing, plan development, advertising, and public relations to develop marketing recommendations. The recommendations outlined in this report were based upon the research findings and a review by the marketing consultant of current WIC outreach materials and electronic advertising. The consultant's recommendations are outlined below as well as relevant information regarding the development of strategies:

PART 1: RESEARCH FINDINGS AFFECTING MARKETING RECOMMENDATIONS

- Overall, everyone knew about the WIC Program; however, many respondents were confused about WIC's mission or role in the community. Some described WIC as a food program and were unaware of the nutrition classes and breastfeeding support programs offered. Most thought of WIC as a "welfare" program. Still others, not clear on WIC's mission, thought WIC should be providing more health and social services to the community.
- Most WIC participants had learned about WIC through friends, family, or health care providers. WIC-eligible respondents had heard about WIC in similar manners, but also cited WIC signs in grocery stores and bus cards as additional sources.
- All groups expressed desire to have outreach materials written in their native languages, reflecting images with which they could identify.
- While most groups said that television and radio were "great" ways to advertise, when asked if they were personally motivated by television and radio messages they responded "not usually". This response might reflect that, although television and radio may be effectively used to heighten awareness among the WIC target groups, these media are less effective in motivating the target groups to enroll in WIC.
- Parents Magazine, a monthly periodical available in health care providers' offices, was mentioned in both the WIC-eligible and WIC participant groups.
- Free, local parenting magazines available in stores, medical offices, and at daycare providers' was also mentioned in both the WIC-eligible and WIC participant groups.
- Because "word of mouth" advertising is a major source of WIC recruitment, groups felt that two things would help reach target groups more efficiently:
 - Incentives to participants for referring new enrollees, and
 - Community Health Outreach Workers (CHOWs) to visit target groups and explain WIC benefits on a one-on-one basis.
- WIC Staff groups also said they should receive incentives for new enrollees.

- Respondents conveyed they would read direct mail that was personally addressed to recipients, showed colorful pictures of women and babies, and used phrases such as “FREE” and “Money Saving Coupons Inside”.
- Most participants would like the opportunity to express their thoughts about the program, and offer suggestions for improvements. Because it would be impractical for the WIC Branch to meet with participants all over the state, a survey of participants a couple of times a year was suggested. Since focus group testing produces qualitative data, the survey would serve to quantify specific aspects of the program by target group and by area.
- Groups offered that flyers in grocery bags might produce a response.
- Most participants and WIC-eligible respondents prefer a live operator when calling a toll-free number. Many have questions that the automated line does not address.
- The web site was mentioned as a preferred way to gather information for those who had web access; however, few respondents in the target groups had computers or Internet service.
- All groups agreed that WIC materials should have “fact-based” information and be easy to understand.

PART 2: ANALYSIS OF OPPORTUNITIES AND BARRIERS

Focus group and opinion leader survey findings presented many marketing opportunities to further position the WIC Program in the minds of potential participants, and uncovered important barriers to the program’s future success.

- Opportunities
 - **Define WIC’s role in the community**
WIC has the opportunity to more clearly define its role in the community and end confusion among the target groups and community organizations. Defining **WIC as a supplemental nutrition program that offers free classes in nutrition and breastfeeding support programs** will help clarify WIC’s role in community service.
 - **Partner with other community agencies to fulfill target market needs**
Many opinion leaders suggested WIC do more in the health and social services areas, including incorporating a literacy curriculum as part of the WIC Program. These comments indicate a lack of understanding of the WIC position (see above bullet). However, WIC could ensure the extended range of participant’s needs are met, while still maintaining its role as a supplemental nutrition program, by partnering with other organizations that provide additional services sought by target groups.
 - **Tightly target at risk racial/ethnic/teen groups**
Research and experience proves that the more targeted an outreach effort, the more successful. Messages that motivate teens will not motivate 25-34

year old mothers. Major differences exist among racial/ethnic groups concerning what messages appeal and motivate.

- Barriers
 - **Perception that WIC is a welfare program**
Target groups are not aware that WIC is a supplemental nutrition program and believe it is a welfare program.
 - **Unclear image in the community and among WIC-eligible**
Because everyone has different perceptions of the WIC Program, many opinion leaders feel WIC falls short of its responsibilities.
 - **Fear among ethnic groups of government investigation**
Hispanic and African American groups expressed concern about the government investigating them if they applied for WIC.
 - **Food package**
Both WIC-eligible and WIC participant groups clearly conveyed that the current WIC food package is very one-dimensional. Cultural differences, family size, and allergies are not reflected in the WIC food package.

PART 3: ANALYSIS OF CURRENT WIC OUTREACH MATERIALS/ADVERTISING

After reviewing research and recommendations made by focus groups and opinion leaders, the marketing consultant reviewed a sampling of current WIC outreach and nutrition education advertisements and collateral materials. She paid particular attention to respondents' comments about their perceptions of the WIC Program. The purpose was to learn why WIC appeared to have so many "faces" in the community and why staff and participants had commented on the materials as being "out of date".

Findings

The lack of a consistent theme and style in marketing and outreach materials exacerbates confusion and misconceptions heard from focus groups and from the Opinion Leaders Survey about the WIC Program.

Television/ Radio

- The television and radio commercials and Public Service Announcements were well produced but did not reflect the target audience in lifestyle or appearance. Nowhere in the copy was it mentioned that WIC is a supplemental (food) nutrition program. The target audience most likely would not identify with the broad benefits mentioned in the copy.

Brochures

- Some brochures featured photographs, some fine illustrations, and some “cartoon”-style drawings. Each brochure, unless part of a series, had a different look and a different theme.

Posters

- The one poster reviewed did not tie to any other collateral piece reviewed. It was not clear if it was part of a campaign or a stand-alone piece.

Nutrition Education Materials

- Again, some brochures featured photographs, some fine illustration, and some “cartoon”-style illustrations. Each brochure, unless part of a series, had a different look and different theme. Graphic arts, like the fashion of the day, become noticeably “dated” and many of the WIC pieces fit this category.

Analysis of Current Creative Approach

WIC has not “branded” its program in a manner that makes its role clear to the consumer or community leaders.

A review of the current WIC advertising and outreach materials indicates a desire to be “all things to all people” without providing a clear message. WIC advertising should highlight benefits that at-risk groups can identify with and understand.

It is also not clear exactly whom WIC is trying to reach with its messages. Unfortunately, “one size does not fit all”. Messages developed to motivate teens will not interest the 21-34 year old target group, and a message designed to reach Hispanics will not touch African American families.

PART 4: MARKETING RECOMMENDATIONS

Identify target markets.

Target groups must be defined in the narrowest terms possible. Broad ranges (women 14 to 45 years of age, with incomes of \$10,000 to \$30,000, for example) don’t allow a focused outreach effort and impart a message that neither motivates or educates. Targeting groups that are not open to the WIC message for social or religious reasons will also prove fruitless.

Therefore, to increase enrollment, we recommend targeting the groups listed below with individual messages, developed in appropriate languages, and with a suitable outreach strategy.

- Teens: 14-18 year old pregnant teens and mothers
- Working poor, 18-34 year old pregnant women and mothers, families
 - African American
 - Asian/Vietnamese
 - Native American
 - Hispanic
 - Caucasian

Understand target markets.

One opinion leader truly captured the target groups' ability to deal with "pretty messages" when she stated, "When a community organization serves families and individuals at rock bottom, their monumental problems make it difficult to focus on messages that deal with health issues and nutrition. The gravity of their situation leaves little time and strength for dealing with the intricacies of a social service program." WIC must understand what is important to the target market and state clearly what it can do to help.

Position the WIC Program

Consumers and community leaders expect WIC to provide services clearly outside of WIC's program because WIC has not defined itself. WIC is a supplemental nutrition program and should market itself accordingly.

Consumers would understand what to expect from WIC, if it is positioned as a program that helps the working poor by providing a few basic staples, making it possible to stretch grocery budgets to include fresh fruits and vegetables and other healthy foods. Clear program positioning would lessen criticism by community leaders of WIC's lack of involvement in services outside WIC's mission. Furthermore, WIC's position as a supplemental program, might remove the stigma of "welfare program", and make WIC enrollment more palatable to racial/ethnic groups.

Public Relations Campaign

WIC would benefit from a Public Relations Campaign targeting health care providers, hospitals, and community leaders and organizations.

Based on the obvious confusion among opinion leaders about WIC's role in the community and the importance of health care providers and hospitals in directing WIC-eligible people to the WIC Program, it is imperative these groups understand the role of the WIC Program.

A Public Relations campaign will also allow WIC to highlight improvements in the program and encourage partnerships with community organizations that will benefit the mutual populations served.

Through a clearer understanding among key target groups, WIC can define its role in the community and expand its reach to core WIC-eligible people, helping overburdened staff with recruitment efforts and alleviating misunderstandings and incorrect expectations among community groups and the public.

PART 5: MEDIA AND OUTREACH RECOMMENDATIONS

Statewide Implementation

The method of outreach WIC chooses to utilize for each target market is as important as the message, itself. The focus groups and opinion leaders helped define the statewide outreach strategies listed below.

- Statewide efforts should concentrate on a public relations effort targeting community leaders, hospitals, and health care providers.

- One staff group suggested instituting an “Express Lane” for participants who arrive on time and have all required paperwork. Many staff groups felt there should be some type of reward for these well-prepared participants. Shorter wait times would show WIC’s appreciation and, at the same time, encourage others to be better prepared during future visits.
- Parents Magazine was mentioned in several groups. Respondents stated they read the magazine in their doctors’ offices or clinics. Also mentioned were free, local parenting magazines available in stores, medical offices and daycare facilities. Fact-based ads could be placed in Parents Magazine on a statewide basis and in local parenting publications on a local level.
- Brochures and videos should be updated and produced in several threshold languages. WIC might also poll health care providers to learn how many have televisions and VCRs in their waiting areas. If the number warrants, informational videos supplied to health care providers for use in waiting rooms would be beneficial in reaching low-literacy target groups.
- Television and radio can be used on a statewide level to reposition WIC as a supplemental nutrition program. By developing clear, fact-based messages, this broad-based, general type of advertising may prove effective.
- The web site should be promoted on all printed materials and in all advertising. Although the target groups currently have little or no access to Internet services, WIC can build equity in this medium for future enrollees.

Local Implementation

The more highly targeted media and outreach recommendations designed to reach and motivate specific racial/ethnic and teen groups include a more personal touch.

Community Health Outreach Workers would greatly benefit the WIC Program in reaching different racial/ethnic target groups. Opinion leaders and focus group respondents agree that WIC must enter communities and talk with WIC-eligible people. This form of outreach becomes critical in rural areas where transportation is a major issue and among African Americans and Vietnamese communities where word of mouth and trust become important.

Similarities among all groups include the use of incentives for referring new enrollees, the use of flyers in local grocery store bags, and the use of racial/ethnic, age appropriate media.

All groups agreed that surveying participants on a regular basis would help WIC understand participants needs better and improve the WIC Program to accommodate changing cultural and nutritional requirements. As focus groups provide only qualitative information, surveys would enable WIC to gather quantitative information on their participant population on a continuous basis.

Several group participants suggested using local, free parenting magazines to advertise WIC’s message. These publications, available in health care providers’ offices, grocery stores, and daycare facilities, could be used to advertise WIC Programs on a local level and at minimal cost.

Media and Outreach Recommendations by Racial/Ethnic/Age Target Groups

The following table reflects recommended strategies for each target group:

Priority of importance is indicated as follows:

- 1st = highest priority/most important,
- 2nd = second in importance,
- 3rd = third in importance, etc.

Blank cells indicate that the strategy is not recommended for specific race/ethnic/age group.

Table ES.1
Media and Outreach Strategies by Racial/Ethnic/Age Target Groups

Race/ Strategy	African American	Vietnamese/ Asian	Hispanic	Caucasian	Native American	Teens
Brochures at Churches	3 rd					
Brochures at Tribal Council					2 nd	
Brochures/Videos at Health Care Provider's Offices and Hospitals	2 nd	4 th	2 nd	1 st	3 rd	3 rd
Community Outreach Worker Program	1 st	1 st	1 st	7 th	1 st	
Flyers in Grocery Bags	5 th		4 th	3 rd	5 th	
High School Enrollment Programs						1 st
Incentives for New Enrollments	4 th	2 nd	3 rd	2 nd	4 th	2 nd
Personally Addressed Direct Mail	7 th		6 th	5 th		
Survey Current Participants	6 th	3 rd	5 th	4 th	6 th	4 th
Radio &/or Television for Image Only				6 th		
Ethnic Radio &/or Television for Image Only		5 th	7 th			
Urban Radio Stations &/or Television for Image Only	8 th					